

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023086

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3329

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

Geo. H. Taft, M.D. Local Certification

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
32 Yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3308 BrooklynInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Jackson

c. CITY
OR TOWN Kansas CityInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
3308 BrooklynReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Augustus

C.

Harper

4. DATE OF DEATH

Month

Day

Year

6

21

62

5. SEX
Male6. COLOR OR RACE
Negro7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1-1-889. AGE (last birthday)
74 Yrs.IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Minister10b. KIND OF BUSINESS OR INDUSTRY
Preacher11. BIRTHPLACE (City and state or country)
Atlanta, Ga.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Gabriel Harper

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Harriet B. Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Harriet B. Harper 3308 Brooklyn

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Congestive Heart

INTERVAL BETWEEN
ONSET AND DEATH

7 1/2 hr

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arteriosclerotic Heart

Failure

DUE TO (c)

Disease (Eisen)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chronic Nephritis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 20, 1961 to June 20, 1962 and last saw him alive on 20 June 1962
Death occurred at 3308 Brooklyn 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

George H. Taft, M.D.

22b. ADDRESS

2204 E 18th St
K.C. Mo

22c. DATE SIGNED

25 June 1962

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6-26-62

23c. NAME OF CEMETERY OR CREMATORY

Lincoln

23d. LOCATION (City, town or county)

K.C. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Jones & Stevens 2315 Linwood

25. DATE RECD. BY LOCAL REG.

6-25-62

26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Laurance A. Jones
4429
Licensed Embalmer No. _____

P. O. Address _____
2315 Greenwood
K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.